

Foster Family Home - Corrective Action Report

Provider ID: 1-562216

Home Name: Ethelyn Nacion, CNA

Review ID: 1-562216-6

45-576 Awanene Place

Reviewer: David Ayling

Kaneohe

HI 96744

Begin Date: 10/22/2018

End Date: 11/26/18

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 10/22/18. Corrective Action Report issued during home visit with all items due to CTA by 11/22/18.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks

[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1)(2) - APS/CAN and fingerprints not done for HHM #1. HHM #1 moved into CCFFH on 10/1/18.

David Ayling
Compliance Manager

Ethelyn Nacion
Primary Care Giver

10/22/18
Date

10/22/18
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: ETHELIN F. NACION

CCFFH Address: 45-5716 AWANENE PLACE, KANELOHE, HI 96744-1920

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.2(1)(2)	I OBTAINED A CURRENT APS/CAN AND CRIMINAL HISTORY FROM HHM#1 AND PLACED THE RESULTS IN MY CTA BINDER.	10/31/18 & 11/07/18	I WILL ALWAYS OBTAIN AN APS/CAN AND CRIMINAL HISTORY WHEN A NEW HHM MOVES INTO MY CCFFH.

Primary Caregiver's Signature: *E. Nacion*

Print Name: ETHELIN F. NACION

Date of Signature: 11/15/2018